



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748

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EXECUTIVE COMMITTEE MEETING MINUTES

June 2, 2014

Approved
12/11/2014

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/ CONSULTANTS
Michael Johnson, Esq, Co-Chair	Mario Pérez, MPH	Kevin Donnelly	Jane Nachazel
Ricky Rosales, Co-Chair	Jill Rotenberg	Lilia Espinoza, PhD	James Stewart
Al Ballesteros, MBA	Terry Smith, MPA	Laila Goring	Craig Vincent-Jones, MHA
Aaron Fox, MPM		Miki Jackson	
Grissel Granados, MSW		David Kelly, JD, MBA	
Joseph Green	MEMBERS ABSENT	Michael Pitkin	DHSP STAFF
AJ King, MPH	Fariba Younai, DDS	Tim Stampolis	None
Bradley Land	Richard Zaldivar		
Ted Liso/Douglas Lantis, MBA			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Meeting Agenda, 6/2/2014
- 2) **Table:** Los Angeles County Commission on HIV, Executive Committee, FY 2010 Work Plan, 2010
- 3) **Table:** Priorities, Planning and Allocations (PP&A) Committee (Work Plan), 2014

1. **CALL TO ORDER:** Mr. Johnson called the meeting to order at 2:05 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order with Item 8.C. moved prior to Item 6 (**Passed by Consensus**).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the Executive Committee meeting minutes, as presented (**Postponed**).
4. **PUBLIC COMMENT (Non-Agendized or Follow-Up):** There were no comments.
5. **COMMITTEE COMMENT (Non-Agendized or Follow-Up):**
 - Mr. Fox announced the LA Gay and Lesbian Center changed its name the prior week to the Los Angeles LGBT Center (The Center) to better reflect the community it serves.
 - Mr. Rosales announced Dahlia Ferlito has joined the City of Los Angeles AIDS Coordinator's Office staff.
6. **DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:**
 - Mr. Pérez reported DHSP sent a letter to all oral health provider partners outlining the changing financial components in the new ACA environment including Ryan White as payer of last resort. The letter clarifies DHSP's intent to ensure full Ryan White support for services not covered by other plans. It cannot compensate for payment shortfalls of other payer sources.
 - DHSP is reviewing issues pertaining to differences between Denti-Cal and Ryan White standards. It wants to ensure the best possible care, but also is seeking assurance there will be no federal consequences due to the change. For example, if a client would benefit from eight mental health visits per year and Medi-Cal pays for four then Ryan White can now pay for the rest.
 - Mr. Vincent-Jones reported he, Drs. Mark Davis and Fariba Younai have been comparing dental codes covered by Denti-Cal to those covered by Ryan White. The Oral Health Standards of Care does not cite specific procedures so intent is assessed. Many procedures consistent with the standard's intent or currently covered by Ryan White are not covered by Denti-Cal.

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- For example, Denti-Cal covers stainless steel crowns. Originally developed for pediatric cases, it was understood they would fall out in a few years. Ryan White typically provides porcelain crowns which reduce potential infection and mental health issues because they are much more permanent. Justifications to fund such higher level services must be presented to HRSA.
- In other cases, Denti-Cal does not cover a service at all including many services previously covered prior to its defunding three years ago. Many of these services such as prophylactic education are specifically addressed in the standard.
- Federally Qualified Health Centers (FQHCs) sued for coverage of procedures not covered by Denti-Cal now that were covered previously. The successful suit claimed Medi-Cal cannot dictate the scope of service for a federal agency.
- That addresses approximately 80% of procedures identified as necessary for the Ryan White standard for Ryan White agencies that are also FQHCs. As it is also federal, Ryan White should be able to use the justification for the other agencies.
- Individual justifications will need to be developed for the remaining 20% of procedures not included in Denti-Cal.
- Some procedures were also identified which Ryan White does not cover now, but which are supported by the standard of care. The reasoning for adding those procedures to covered Ryan White services will be discussed with DHSP.
- The Oral Health Advisory Group (OHAG) of the Pacific AIDS Education and Treatment Centers is in the process of revising its standard. OHAG includes DHSP Oral Health Advisory Committee members as well as regional representatives that offer a broader perspective. The Commission's standard will be revised for greater specificity after review of the OHAG standard.
- The Fee Utilization Manual identifies costs of procedures geographically. It will be reviewed for information to assist DHSP in addressing support for various procedures since oral health is funded on a cost reimbursement rather than Fee-For-Service (FFS) basis. The FFS issue is poised to become more critical as the need for wrap-around services increases.
- Mr. Pérez replied DHSP is reviewing system issues including financing and reimbursement. It is important to explore unit cost methods when there are multiple payer sources such as for oral health and some other services. DHSP is currently focused on the Ambulatory Outpatient Medical (AOM) transition to FFS. Medical Care Coordination is closely tethered to AOM, but is financed by cost reimbursement and is still staffing up. Other services will be reviewed after that.
- Mr. Pérez urged coordination with DHSP in the process earlier rather than later. He added Carlos Vega-Matos has commented often on the complexity of the algorithm needed to address various scenarios for different procedures. The Case Watch system will also need to be updated to address the different types of procedures and their volumes.
- He added national HIV advocacy circles are aware that a HRSA Technical Assistance (TA) consultant from Tennessee uses a different standard level than DHSP and its HRSA TA. That complicates justifying procedures so time is of the essence.
- Mr. Vincent-Jones reported identification of procedures to be justified should be done by 6/4/2014 and justifications in a week or two. OHAG was scheduled to finalize its standard that week so it should be available for review by the weekend.
- Mr. Kelly asked whether Ryan White will provide fewer services in the short term, e.g., for people now eligible for other basic services. Mr. Pérez replied PLWH present with significant oral health issues generally requiring five or six visits initially. That is due both to lack of care over time and to consequences of medication, e.g., reduced saliva. Ryan White will be pressed to make up the difference if Denti-Cal continues to provide only basic care, e.g., extraction rather than saving teeth.
- Ryan White providers are approved for Denti-Cal except for one in the approval process. Ryan White can fund additional needed visits for Denti-Cal eligible patients that exceed the Denti-Cal cap. DHSP has significantly increased its investment in oral health services and additional efficiencies have been identified by the HRSA TA to further support the system.
- Mr. Land encouraged consumer education on oral health and possibly mental health wrap-around services. ACA assumes consumers are aware of all services for which they are eligible, but that is often not the case in this complex environment.
- He also suggested the Commission initiate a discussion across chronic disease communities on common issues concerning wrap-around funding for all services. Mr. Vincent-Jones noted oral health standards vary nationally with Los Angeles and Atlanta the highest. It will be more effective now to work directly with HRSA to support funding those standards.
- Mr. Pérez reported there will be a Los Angeles delegation to the biennial National STD Prevention Conference. The CDC is changing its STD response approach, e.g., its recent MMWR highlighted the increase in syphilis among gay men nationwide. Other STDs are showing similar increases. DHSP has joined a state MSM group to discuss how to approach the increases.
- ➡ Mr. Vega-Matos will bring the Tennessee oral health standard to the SBP and PP&A meetings.
- ➡ Mr. Vega-Matos will report on the increase in HOPWA funding starting with FY 29014 and going forward as well as its synergy with Commission funding at the next PP&A meeting.

7. CO-CHAIRS' REPORT:

- A. **Commission Co-Chair Nominations:** In order to establish alternating Commission Co-Chairs terms, Mr. Rosales' one-year term will expire in December. Nominations will open in June for elections in July. If a new Co-Chair is elected, s/he will become Co-Chair Elect in August to prepare for assumption of office in January.

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B. Commission 2014 Work Plan:

- 1) **Committee Work Plans:** All committees are developing work plans. The PP&A Work Plan is done.
- 2) **Annual Meeting:**
 - The 2014 Annual Meeting will be held in November.
 - An Annual Meeting Work Group will identify a theme. Members are: Messrs. Johnson, King, Land, Rosales, Smith.
- 3) **Executive Committee Work Plan:**
 - The Executive Committee is charged with coordinating the Commission's work so has fewer discrete tasks than do other committees. It also addresses emergent issues, but those are difficult to identify and plan for in advance.
 - a) **Committee Work Priorities:**
 - Mr. Johnson identified three key priorities: succession planning with a strong internal mechanism to develop leadership expectations, identify those interested in leadership and their preparation; strategic planning concerning the future of planning councils under Ryan White; and, coordination with health plans especially LA Care and Health Net to address gaps in service and access.
 - Mr. Rosales felt the main new focus should be integrating work pertaining to STDs.
 - Mr. Land said a core issue is increasing staff support, even if temporarily. All committees have heavy summer workloads. The Work Plan becomes a wish list without sufficient staff to reasonably implement it.
 - Mr. Vincent-Jones said he met with the Chief Executive Office (CEO) for three hours the prior week to address staffing and purchase orders for consultants for tasks such as the Native American needs assessment.
 - An epidemiologist for the overall needs assessment is in the hiring process. The search continues to fill other open positions and the CEO has been asked for approval to add two more. As a grant-funded body, it is generally easier to receive CEO approval so long as DHSP and the grantor agree, but it is still a delay.
 - Eight or nine purchase orders are being prepared. He has support from an individual in the Internal Services Department, but it is a long, closely scrutinized process. At best, they will be approved by end of summer.
 - Mr. Vincent-Jones added the pace has changed. Commission committees followed cycles with one very active at a time, but now all are very active making it harder for staff to keep pace. He urges Co-Chairs to be patient, but last month they said there would be no new assignments yet all committees/caucuses generated them.
 - The County has a procedure that allows retirees to return without affecting pensions if they work no more than 120 days in a fiscal year. Carolyn Echols-Watson and Doris Reed are being brought back via the process.
 - Mr. Vincent-Jones briefly reviewed Executive required activities:
 - Budgeting for the Commission's operational budget;
 - Annual report to the Board per the Ordinance in coordination with DHSP by December;
 - Staffing and human resources;
 - HOPWA grant oversight documentation for the remaining year as it is not under another committee, a consultant is being hired to assist Mr. Vincent-Jones;
 - Annual Progress Reports for Ryan White application, will require slightly more time due to integration;
 - Strategic Plan development is approximately half done, completion is preferred but not required.
 - While not required, Executive has also supported establishing an ongoing dialogue with health plans about issues pertaining to changes in the service delivery system to ensure access and address gaps.
 - Mr. Smith recommended keeping ahead of the curve on advances in HIV, e.g., biomedical.
 - Mr. Stewart asked about the impending supervisorial elections. Mr. Vincent-Jones reported education efforts will depend on the priorities and personality of the person elected. The only current issue is the delay by Supervisor Yaroslavsky's Office in approving Dahlia Ferlito and Kimler Gutierrez.
 - Mr. Pérez noted there are 39 County departments and 49 sections within the Department of Public Health (DPH) alone. DHSP is included in the County briefing book though minimally. DPH leadership participates in a meet and greet sometime after a supervisor assumes office to review the most pressing issues.
 - Mr. Vincent-Jones added Public Policy is developing a briefing book for the Commission as it is not now included under either the Executive Office or DPH and receives little attention. There are more County commissions than departments and most are advisory so few appreciate the Commission's import.
 - b) **Scheduling and Timelines:** There was no additional discussion.

C. Draft Commission Meeting Agenda: This item was postponed.

8. EXECUTIVE DIRECTOR'S REPORT:

- Mr. Vincent-Jones reported the Executive Office rejected funding tablets. The CEO, however, is not opposed because it is consistent with County goals. He and Mr. Pérez have developed a strategy to address access, privacy and County interface issues starting with the Chief Information Officer and identifying Board Offices. It will take at least six months.
- He recently met with the local Chair for the USCA in San Diego and requested a set-aside for Commission consumer members on the rate to enable more to attend. The Chair lacked the authority and it is unlikely USCA will approve.
- The San Diego planning council plans to integrate after summer. Members will attend Commission meetings to prepare.

A. Report on Commission Budget FY 2014-2015: This item was postponed.

B. Upcoming Commission Meeting Schedule:

- Mr. Vincent-Jones said the June meeting is scheduled for all day with five presentations: a colloquium on social networks, the HIV Epidemiology Profile, Priority- and Allocation-Setting Framework, Paradigms and Operating Values, and Conflict of Interest training. Discussion is also anticipated on Public Policy's recommendation to oppose a ballot initiative on medical injury and SBP's Population-Specific Guidelines for standards.
- A colloquium on the African-American population and a HOPWA presentation by HUD are scheduled for July. Other possible subjects are: a new Continuum of HIV Services based on social determinants of health, population-based treatment cascades, the list of service definitions, the new financial expenditure charts and the Work Plan.
- In August, a colloquium is scheduled on the transgender population and Public Policy plans Medicaid/Covered California panels. A Native American colloquium is already scheduled for September.
- The Commission's heavy schedule is due to revisions needed consequent to integration and normal ongoing work.
- There was still general concern that people cannot hear, absorb and incorporate information in all-day meetings
- ➡ The June meeting will be the standard length with two standard length meetings each in July and August.

1) September Commission Meeting Date:

- ➡ The September meeting date will be changed due to conflict with the HOPWA conference.

2) Presentation Schedule: There was no additional discussion.

C. Commission Meeting Evaluation Plan:

- An Evaluation Work Group with Dr. Espinoza and Messrs. Lantis, Liso and Vincent-Jones is developing the plan. Dr. Espinoza reported it will explore: format including timing and sequence; content, e.g., types of colloquia; logistics and operational components, participation and engagement; and fulfillment of Commission purpose and mission.
- The evaluation approach is two-pronged beginning with a baseline evaluation of all Commission members in the areas noted. The Work Group will refine that survey in the next few weeks for administration no earlier than July. Follow-up surveys will be considered after review of baseline survey results.
- Second, content specific evaluations will be done at the end of each meeting. That will begin with an evaluation of the Conflict of Interest training at the next Commission meeting, e.g., its length and depth. Clicker technology will be used.

9. STANDING COMMITTEE REPORTS:

A. Operations Committee:

- The Work Plan will be developed in a special meeting, 6/30/2014, 10:00 am to 4:00 pm.
- Consumer compensation stipends require tracking meeting attendance. Roll calls will serve as part of the tracking. If a Commission member leaves prior to meeting's end then s/he should sign out. The requirement applies to all Commission members in order not to single out consumers.
- 1) Renewal Membership Plan for 2014:** The application will be released 6/9/2014 with a 6/30/2014 submission deadline. Renewing Commission member interviews will begin 7/4/2014. Those leaving will be asked to attend an exit interview.
- 2) Conflict of Interest (COI) Training:** Training is being developed.

B. Planning, Priorities and Allocations (PP&A) Committee:

- 1) Revised FY 2014 Allocations:** PP&A revised the FY 2014 allocations for approval at the next Commission. It will address preliminary FY 2015 allocations at its next meeting in order to provide them to DHSP in time for the application.
- 2) FY 2015 Priority- and Allocation-Setting (P-and-A):** PP&A adopted the P-and-A Framework. It will be presented at the next Commission.
- 3) FY 2015 Paradigms and Operating Values:** PP&A also adopted Paradigms and Operating values. They will be presented for approval at the next Commission.

C. Public Policy Committee:

- Mr. Fox reported the Legislature's Conference Committee was likely just starting to meet to reconcile the Senate and Assembly budgets. The Assembly budget re-invests approximately \$55 million in public health with \$11.3 million specific to HIV. The Senate did not produce a re-investment package, but allocated approximately \$5 million to HIV.
- Advocates are asking the Conference Committee to adopt the Assembly package specifically HIV funds. Some other targeted programs in the Assembly package include maternal and child health, drug prevention and STD prevention.

1) Statewide MICRA Initiative:

- Mr. Fox reported Public Policy opposes the November initiative to change the 1975 Medical Injury Compensation Reform Act (MICRA). It would remove the \$250,000 MICRA cap on medical malpractice pain and suffering, require mandatory drug testing for physicians and impose additional requirements for prescribing pain medications.
- Mr. Vincent-Jones added Intergovernmental Affairs said initiatives are addressed on a case-by-case basis through a Supervisor's Office. No County departments including DPH are leading formal County opposition though opposition is general. The Commission may need to lead in securing a County opposition position if no department chooses to do so. In that case, the Commission would need to select and work with a Supervisor to lead the effort.
- Mr. Land thanked the Commission for opposing the initiative. The assessment for pain medication can already be a barrier to care for those with chronic conditions. Imposing additional requirements would add barriers.

D. Standards and Best Practices (SBP) Committee:

1) Population-Specific Guidelines Format: Ms. Granados reported the Guidelines were nearly complete.

2) List of Service Definitions:

- SBP is working with DHSP to obtain definitions for prevention services which is the main outstanding gap. Once those are received, SBP will review the list for any additional gaps. Both SBP and PP&A will need the list in July.
- Mr. Pérez emailed DHSP during the meeting to facilitate provision of the prevention information.

3) Wrap-Around Oral Health Coverage/Codes: This item was discussed under the DHSP Report.

10. CAUCUS REPORTS:

- Mr. Liso reported the Consumer Caucus discussed Denti-Cal issues and how to respond if turned away as well as stipends and renewal applications. The next meeting will follow the Commission and address its Work Plan.
- Mr. Land attended the PEP/PrEP symposium the prior week. He felt it raised challenging issues. Walt Senterfitt offered to speak at the next Consumer Caucus on advocacy. Justice could be the lens for the Work Plan, e.g., return-to-work issues.
- Mr. Vincent-Jones reported the Transgender Caucus completed its Work Plan. The focus is Transgender 101 since many people have questions. A day is planned on transgender issues with two conference cycles: available services specifically for the Los Angeles transgender population and best practices/innovations in care for providers. The Caucus will also initiate dialogue with health plans to improve understanding of transgender patient needs and will initiate a literature review.
- Mr. Smith noted all four members are male-to-female. Mr. Vincent-Jones replied how to address that is being discussed.
- Mr. Vincent-Jones said he and the Latino Caucus Co-Chairs are attempting a new approach with quarterly meetings featuring a keynote speaker and meal. They are working on several items including Latino Population-Specific Guidelines.
- The Youth Caucus was to start within three months, but has not yet formed after two. Coordination is ongoing.

11. NEXT STEPS: This item was postponed.

12. ANNOUNCEMENTS: Mr. Pitkin suggested a public committee contact list. Mr. Vincent-Jones replied a list is being developed for Commission members. The list is not public because it includes confidential address and phone information.

13. ADJOURNMENT: The meeting adjourned at 3:55 pm.